

GIC Health Plans

2009-2010

BENEFITS AT-A-GLANCE

State Employees

and Non-Medicare Retirees and Survivors

Benefits Effective
July 1, 2009



Your Benefits Connection

Physician Tiering and Plan Design

Clinical Performance Improvement (CPI) Initiative

Five years ago, the GIC began the Clinical Performance Improvement (CPI) Initiative *for Employee/Non-Medicare Plans* to improve health care quality while containing costs. The GIC has quantified differences in physician quality and efficiency. The GIC's health plans use this information to develop benefit designs in which members pay lower copays for providers with the highest combined quality and efficiency scores. These plans are designated with the Select & Save logo:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
 - ★ Tier 3 (standard)

Physicians for whom there is not enough data and nontiered specialists are assigned a plan's Tier 2 level copay.

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality excellent and efficiency.

Fallon Community Health Plan Direct Care (HMO)

- Tiering: not applicable has selective network
- PCP required yes
- Out-of-network benefits available for emergency or urgent care only

Fallon Community Health Plan Select Care (HMO)

- Tiering: Fallon Community Health Plan tiers Primary Care Physicians and selected specialists based on combined quality and efficiency standards.
- PCP required yes
- Out-of-network benefits available for emergency or urgent care only

Harvard Pilgrim Independence Plan (PPO)

- Tiering: Harvard Pilgrim Health Care tiers selected specialists based on combined quality and efficiency standards. The plan also tiers hospitals based on quality and cost.
- PCP required no
- Out-of-network benefits yes

Health New England (HMO)

- Tiering: Health New England tiers selected specialists based on combined quality and efficiency standards.
- PCP required yes; referrals to network specialists not required
- Out-of-network benefits available for emergency or urgent care only

Navigator by Tufts Health Plan (PPO)

- Tiering: Tufts Health Plan tiers selected specialists based on combined quality and efficiency standards.
 The plan also tiers hospitals based on quality and cost.
- PCP required no
- Out-of-network benefits yes

NHP Care – Neighborhood Health Plan (HMO)

- Tiering: Neighborhood Health Plan tiers Primary Care Physicians and selected specialists based on combined quality and efficiency standards.
- PCP required yes; referrals to network specialists not required
- Out-of-network benefits available for emergency or urgent care only

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- Tiering: UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.
- PCP required no
- Out-of-network benefits not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country.

UniCare State Indemnity Plan/Community Choice (PPO-type)

- Tiering: UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.
 This plan features a limited Massachusetts hospital network, most of which are community hospitals.
- PCP required no
- Out-of-network benefits yes

UniCare State Indemnity Plan/PLUS (PPO-type)

- Tiering: UniCare tiers Massachusetts physicians based on combined quality and efficiency standards. The plan also tiers hospitals (for both inpatient admissions and outpatient surgery) based on quality and cost.
- PCP required no
- Out-of-network benefits yes

Weigh Your Options During Annual Enrollment

- See your GIC Benefit Decision Guide for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure
 - If your doctors and hospitals are in the network
 - Which copay tiers your doctors and hospitals are in
- Attend a GIC health fair and see the GIC's website (mass.gov/gic) for additional information.

See Health Plan Locations map on back page.

Additional Contact Information

All UniCare State Indemnity Plans

- Prescription Drug Benefits (Express Scripts): 1.877.828.9744; www.express-scripts.com
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health):

1.888.610.9039;

www.liveandworkwell.com (access code: 10910)

Navigator by Tufts Health Plan

Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health):

1.888.610.9039;

www.liveandworkwell.com (access code: 10910)



Mark the Date!

Forms are due Friday, May 15 for changes effective July 1, 2009

- Active employees: Return completed forms to your GIC Coordinator.
- Retirees: Return completed forms or write to the GIC.

Forms are available through your GIC Coordinator, on our website, and at the GIC health fairs.

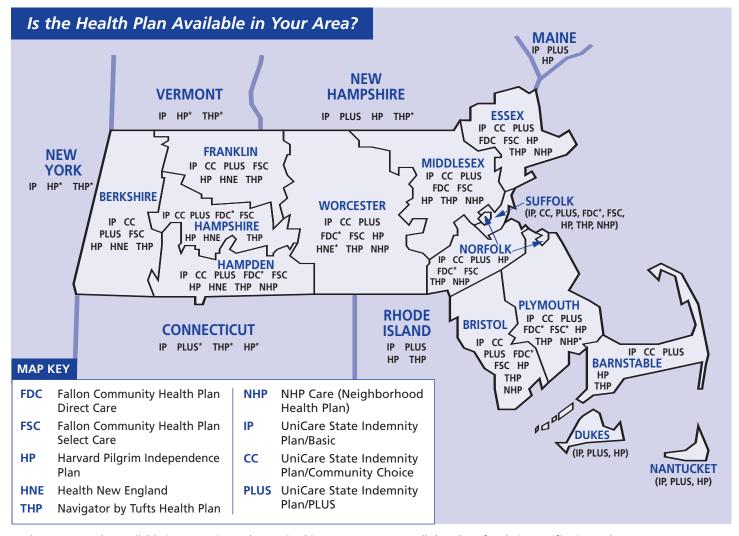
This chart is a comparative overview of GIC plan benefits. See the c Benefits described below for the Harvard Pilgrim Independence Plan exception of emergency care, there are no out-of-network benefits

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	
PLAN TYPE	НМО	
TELEPHONE NUMBER	1.866.344.4442	
WEBSITE	www.fchp.org	
Primary Care Physician Office Visit – Sick visit (Some plans offer lower copays for wellness visits; contact the plan for details.) *** Tier 1 (excellent) ** Tier 2 (good) * Tier 3 (standard)	100% after \$10 per visit no tiering no tiering	
Specialist Physician Office Visit ★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	100% after \$20 per visit no tiering no tiering	
Retail Clinic	100% after \$10 per visit	
Inpatient Hospital Care – Medical Tier 1 Tier 2 Tier 3	100% after \$200 per admission no tiering	
Outpatient Surgery	100% after \$100 per occurrence	
High-Tech Imaging (e.g., MRI, CT and PET scans)	100% after \$75 per scan	
Emergency Room Care	100% after \$75 per visit (waived if admitted)	
Prescription Drug Copays Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3 Mail Order: Maintenance drugs up to a 90-day supply Tier 1 Tier 2 Tier 3	\$10 \$25 \$50 \$20 \$50 \$110	
Outpatient Mental Health and Substance Abuse Care	100% after \$10 per visit	

orresponding overview information for each plan for more information on Select & Save tiers. The UniCare State Indemnity Plan/Basic is availab n, Navigator by Tufts Health Plan, UniCare State Indemnity Plan/Community Choice and PLUS are in-network benefits. These plans also offer ou for the GIC HMOs – Fallon, Health New England, and Neighborhood Health Plan. For providers, benefit details, exclusions, and limitations, see

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN N/A EGRS-RIMTS	HEALTH NEW ENGLAND	NAVIGATOR BY TUFTS HEALTH PLAN		
НМО	PPO	НМО	PPO		
1.866.344.4442	1.800.542.1499	1.800.842.4464	1.800.870.9488		
www.fchp.org	www.harvardpilgrim.org/gic	www.hne.com	www.tuftshealthplan.com/gic		
100% after \$10 per visit 100% after \$15 per visit 100% after \$25 per visit	100% after \$15 per visit no tiering no tiering	100% after \$15 per visit no tiering no tiering	100% after \$15 per visit no tiering no tiering		
100% after \$20 per visit 100% after \$30 per visit 100% after \$40 per visit	100% after \$15 per visit 100% after \$30 per visit 100% after \$40 per visit	100% after \$20 per visit 100% after \$30 per visit 100% after \$40 per visit	100% after \$20 per visit 100% after \$30 per visit 100% after \$40 per visit		
100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit		
100% after \$250 per admission no tiering <i>Maximum four c</i>	100% after \$250 per admission 100% after \$500 per admission 100% after \$750 per admission opays/deductibles per calendar qu	100% after \$250 per admission no tiering Parter or per year, depending on p	100% after \$300 per admission 10 100% after \$700 per admission no tier 3 plan; copays/deductibles waived if rea		
100% after \$125 per occurrence	100% after \$150 per occurrence	100% after \$100 per occurrence	. 100% after \$150 per occurrence		
Maximum four copays/deductibles per calendar quarter or per year, depending					
100% after \$75 per scan	100% after \$75 per scan	100% after \$75 per scan <i>Maximum or</i>	100% after \$75 per scan ne copay per day. Contact the plan fo		
100% after \$75 per visit (waived if admitted)	100% after \$75 per visit (waived if admitted)	100% after \$75 per visit (waived if admitted)	100% after \$75 per visit (waived if admitted)		
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50		
\$50 \$110	\$50	\$50 \$110	\$50 \$110		
\$110 100% after \$15 per visit	\$110 100% after \$15 per visit	\$110 100% after \$15 per visit	\$110 100% after \$15 per visit		

NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive) Without CIC, deductibles are higher	UNICARE STATE INDEMNITY PLAN/ COMMUNITY	UNICARE STATE INDEMNITY PLAN/PLUS		
	and coverage is only 80% for some services. Contact the plan for details.	CHOICE N/A EGRS-RIMTS	(N/A) EGRS-RMTS		
НМО	INDEMNITY	PPO-TYPE	PPO-TYPE		
1.800.462.5449	1.800.442.9300	1.800.442.9300	1.800.442.9300		
www.nhp.org	www.unicarestateplan.com	www.unicarestateplan.com	www.unicarestateplan.com		
100% after \$10 per visit	100% after \$10 per visit	100% after \$10 per visit	100% after \$10 per visit		
100% after \$20 per visit	100% after \$10 per visit	100% after \$25 per visit	100% after \$25 per visit		
100% after \$25 per visit	100% after \$30 per visit	100% after \$30 per visit	100% after \$30 per visit		
100% after \$20 per visit 100% after \$30 per visit 100% after \$40 per visit	100% after \$15 per visit 100% after \$25 per visit 100% after \$35 per visit	100% after \$20 per visit 100% after \$25 per visit 100% after \$40 per visit	100% after \$20 per visit 100% after \$25 per visit 100% after \$40 per visit		
100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit		
00% after \$250 per admission no tiering Idmitted within 30 days in th	100% after \$200 per admission no tiering he same calendar year. Contact the pla	100% after \$250 per admission no tiering (Note: limited hospital network) an for details.	100% after \$250 per admission 100% after \$500 per admission 100% after \$750 per admission		
100% after \$100 per occurrence	100% after \$100 per occurrence	100% after \$100 per occurrence	Tier 1 and Tier 2: 100% after \$100 per occurrence Tier 3: 100% after \$250 per occurrence		
on plan. Contact the plan for details					
100% after \$75 per scan r details.	100% after \$75 per scan	100% after \$75 per scan	100% after \$75 per scan		
100% after \$75 per visit (waived if admitted)	100% after \$75 per visit (waived if admitted)	100% after \$75 per visit (waived if admitted)	100% after \$75 per visit (waived if admitted)		
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50		
\$20 \$50	\$20 \$50	\$20 \$50	\$20 \$50		
\$110	\$110	\$110	\$110		
100% after \$20 per visit	100% after \$15 per visit	100% after \$15 per visit	100% after \$15 per visit		



^{*} Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.





Group Insurance Commission P.O. Box 8747 Boston, MA 02114-8747

617.727.2310

TDD/TTY: 617.227.8583

Connection